

# Redistricting and Health Equity

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Every ten years, Louisville Metro Council is tasked with the critical responsibility of redrawing the 26 Metro Council districts based on new population data released through the U.S. Census Bureau Decennial Census. The Center for Health Equity believes that ensuring fair and equitable representation in local government promotes a system that can better address health inequities through meaningful participation and policy.

## Health Impacts

Redistricting has many implications for individual and community health. Consider that redistricting will have immediate effects on who is elected to represent the people of that district. Representatives elected in an equitably redistricted district are more likely to take the issues their constituents raise into consideration when making decisions on policies and community investment. Therefore, when residents voice their concerns and needs for changes like safer and cleaner streets, more accessible childcare, better access to food, and quality housing, these officials are more likely to take these requests seriously. When residents have root causes of health addressed through policy and funding, this improves the quality of life in their neighborhood and will ultimately lead to better health outcomes.

Communities that would ultimately be impacted by these decisions and their subsequent health impacts understand the importance of equitable representation when approaching reapportioning districts. During the process of Louisville's city-county merger in the early 2000s, many of those who were in opposition were Black voters primarily located in West Louisville as well as organizations such as the NAACP. These residents voiced concerns about the effect the decision would have on their political representation and investment in their communities. To address these concerns, [a 2013 report](#) details how the boundaries were redrawn in a way that included 5 historically Black districts, which increased to 6 after the 2010 Census. As discussions around reapportionment continue, it is crucial that the members of the redistricting committee critically consider the historical context of our city's shift in political representation as it relates to majority-minority communities.

Taking a broader view, the impacts on residents' health by decision-makers can be seen in state redistricting practices. Using four different states as a case study, a recent report from the [Center for American Progress](#) describes how gerrymandered districts have limited Medicaid expansion or imposed increased restrictions for eligibility. For example, although there was a narrow majority in votes cast for Democrats in the 2018 North Carolina elections, Republican candidates make up a majority of representation in both the state Senate and House. As a result, the Republican controlled legislature resisted Medicaid expansion legislation which, if passed, would have enabled Medicaid access to an additional 365,000 residents. According to the [Kaiser Family Foundation](#), 6 in 10 of adults who are uninsured and would be eligible for Medicaid if every state expanded are people of color. Although this case study describes state jurisdictional impacts, this example illustrates that the dilution of representational power through unfair redistricting practices influences decision-making on policies and investments that contribute to a community's health and well-being, especially those who have historically been excluded from the political process.



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In considering how directly decision-makers can have a direct impact on residents' abilities to achieve positive health outcomes, it is clear how this could be comparable on a local level. For example, consider the large decisions made around COVID-19 over the past year and a half, and the similar decisions Louisville could be facing in the future. The allocation of federal relief dollars had a significant impact on mitigating the effects and spread of the virus, and required decision-makers to consider their residents' health in a very direct way. Adverse COVID outcomes were felt more harshly in districts where residents were majority people of color. If Louisville wants to be prepared to face similar situations in the future, equitable representation of its residents will be key.

## Recommendations for Louisville's Process

As the council moves forward with its work to reapportion districts based on recent population change, it is imperative that equitable representation be considered through every step of the process. Transparency in decision-making process and meaningful opportunities for public participation are considered best practices for equitable redistricting practices. Some examples of how this could work are included below:

- Consider incorporating best practices for redistricting by the **Brennan Center for Justice**, an independent, nonpartisan law and policy organization that seeks to advance solutions for our political processes that advance justice and democracy, into the council's redistricting process by employing a **ranking system of criteria** that prioritizes certain criteria based on the impact they would have on improving equity:
  1. Keeping communities together (geographically contiguous)
  2. Fair representation of racial minorities by ensuring that their political power to elect candidates of choice is not diminished or diluted
  3. Protecting communities of interest from experiencing division from redistricting. The Brennan Center defines a community of interest as "an area with recognized similarities of interests, including but not limited to economic, social, cultural, geographic, or historic identities."
  4. Any other criteria used in the redistricting process should not be prioritized to a greater degree than the three listed above.
- Ensure that the decision-making process of redistricting is **fair and transparent** by:
  - o Providing public access to all documents and reports related to the redistricting process. Reports should include narratives that explain any redrawing rationales, especially those that address racial and partisan fairness.
  - o Providing accessible and clear information to the public that details the purpose, rules, and process of redistricting. Consider partnering with community-based organizations to help disseminate important information for understanding the redistricting process and its impact.
- Allow for **meaningful community engagement** throughout the process by:
  - o Holding public hearings in diverse areas across the city and include a range of different dates and times to provide more opportunity for attendance.
  - o Requiring that public engagement events are held in more places than just council chambers. Consider public spaces that the community is familiar with and uses consistently such as libraries, community centers, schools, and places of worship. All meeting spaces should be easily accessible by public transportation and ADA compliant.



- o Ensuring that the timeline and frequency of committee meetings/public engagement events allows for adequate time for intentional decision-making. This is a process that only occurs every decade and should be given the appropriate amount of time for thoughtful deliberation.
- o Considering creative tools and practices that encourages community-driven decision-making. In Chicago, IL community organizations encourage residents to submit their proposed maps and then give them the information and resources to continue to advocate for their communities of interest as the process moves forward. There are several tools that allow residents to explore drawing their districts in an accessible way such as **DistrictR** and **DistrictBuilder**. There are also tools which collect drawn map submissions from residents such as **Representable**; this allows residents to identify what they consider to be their neighborhood.
- Supplement Census data typically used for redistricting with **additional localized data**
  - o The Center for Health Equity's **Health Equity Report** has documented how inequitable health outcomes, including lower life expectancy, is concentrated in West Louisville while residents in the East End experience better health outcomes and longer life expectancy. As outlined above, negative health outcomes can be at least partially attributed to lack of equitable representation. Factoring this data into decision-making around drawing new maps could help to mitigate these health outcomes.
  - o Additionally, the Centers for Disease Control has a data resource called the **Social Vulnerability Index** which bases its measurements off multiple data points for each Census tract, including poverty, vehicle access, and crowded housing. It can be inferred that more equitable representation and the investment in an area that would follow would assist those areas considered more socially vulnerable. California currently has similar measures called "**health equity metrics**" that were used to guide investments in response to COVID-19 during their state of emergency. The redistricting process could use this model in similar ways when approaching representation on Council and the drawing of districts.

One regional example that incorporates some of these recommendations is the current redistricting process plan in **Lexington, KY**. The city's landing page for the redistricting process includes easily accessible meeting packets, a data hub that offers residents the option of distilling and analyzing Census data themselves, and an FAQ that gives a clear overview of rules and procedures. One other unique feature of their process is the appointment of residents to help assist and collaborate with redistricting. Each council member, with instructions from the Vice Mayor's office, chooses a resident within their district to represent the council district on the redistricting committee that is also staffed by relevant city agencies. Although these examples do not comprehensively cover all recommendations, considering these examples in our process would be good steps to creating a more equitable and inclusive process.

